(Request	or's Name)
(Address))
(Address))
(City/Stat	e/Zip/Phone #)
PICK-UP] WAIT MAIL
(Business	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:
<u> </u>	

Office Use Only



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		CERTIFIED COPY			<u> </u>	
	X	РНОТОСОРУ				
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	Ø	FILING	LLC			_
1.		Pancho Ciev (CORPORATE NAME AND DOCUME	1ega	Investments	LLC_	_
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SPE	CIAI	L INSTRUCTIONS:		<u> </u>		
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Ranche Cienega Invistments LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jason Matthews Name of Person
Rancho Cienega Investments LLC Firm/Company
301 W Platt St. #343 Address
TAMPA FL 33606 City/State and Zip Code JMA++ @ Team ABV. Com
JMatha Team ABV. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jason MAHLLES an 412, 414-4405
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & S160.00 Filing Fee. Certificate of Status (additional copy is enclosed) S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limi	ited Liability Compan	y is:		
	Rancho	Cienega	Investments	LLC
	(Must contain the wor	ds "Limited Liability Co	ompany, "L.L.C.," or "LLC.")	

ARTICLE II - Address:

ARTICLE 1 - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
301 W Platt St. , #343	301 W Platt St. #343
TAMPA FL 33606	TAMPA FL 33606

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Sason Mathews

Name

301 W Platt St. # 343

Florida street address (P.O. Box NOT acceptable)

TAMPA FL 33606

City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED

(CONTINUED)



Title	
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager A MGL	301 W Platt St. #343
71	301 W Platt St. #343
m62	Julie C Matthews
	301 W (16++ St. #243
	TAMPA, FL 33 606
	•
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)